Reference number(s)
2990-A

SPECIALTY GUIDELINE MANAGEMENT

MULPLETA (lusutrombopag)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Mulpleta is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

B. Compendial Uses
Severe thrombocytopenia post cancer chemotherapy

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:
A. Thrombocytopenia in chronic liver disease: pretreatment platelet count
B. Severe thrombocytopenia post cancer chemotherapy: pretreatment and current platelet counts

III. EXCLUSIONS

Coverage will not be provided for members with the following exclusion: concomitant use of Mulpleta with other thrombopoietin receptor agonists (e.g., Doptelet, Promacta, Nplate) or with spleen tyrosine kinase inhibitors (e.g., Tavalisse).

IV. CRITERIA FOR INITIAL APPROVAL

A. Thrombocytopenia in chronic liver disease
Authorization of 30 days may be granted for treatment of thrombocytopenia in members with chronic liver disease when both of the following criteria are met:
1. Member has a baseline platelet count of less than 50 x 10^9/L taken within 14 days of the request.
2. Member is scheduled to undergo a procedure.

B. Severe thrombocytopenia post cancer chemotherapy
Authorization of 6 months may be granted for treatment of severe thrombocytopenia post cancer chemotherapy when the platelet count is less than 50x10^9/L.

V. CONTINUATION OF THERAPY

A. Thrombocytopenia in chronic liver disease

Continuation of therapy, defined as use beyond the initial approval for same procedure, is not approvable. All members (including new members) requesting authorization due to newly scheduled procedure must meet all initial authorization criteria.

B. Severe thrombocytopenia post cancer chemotherapy

Authorization of 6 months may be granted for continued treatment of severe thrombocytopenia post cancer chemotherapy in members who experience benefit from therapy (e.g., increased platelet counts, decreased bleeding events, reduced need for platelet transfusions) and the platelet count remains less than $100x10^9$/L.

VI. REFERENCES

1. Mulpleta [package insert]. Florham Park, NJ: Shionogi Inc.; July 2018.
2. NCCN hematopoietic growth factors. Short-term recommendations specific to issues with COVID-19 (SARS-CoV-2). National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org/covid-19/pdf/HGF_COVID-19.pdf. Accessed April 16, 2020.